

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER WEBER6
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/566659
INTERNATIONAL APPLICATION NO. PCT/DE2004/001649	INTERNATIONAL FILING DATE July 23, 2004	PRIORITY CLAIMED August 1, 2003
TITLE OF INVENTION INJECTION DEVICE		
APPLICANT(S) FOR DO/EO/US Wilfried WEBER		
<p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)) as soon as the application is in order for such purpose and the applicable requirements of 35 U.S.C. 371(c) have been complied with. <input checked="" type="checkbox"/> The US has been elected (Art 31). <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <input type="checkbox"/> is attached hereto (required only if not transmitted by the International Bureau). <input checked="" type="checkbox"/> has been communicated by the International Bureau. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). <input type="checkbox"/> have been communicated by the International Bureau. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. <input checked="" type="checkbox"/> have not been made and will not be made. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). <input checked="" type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). <p>Items 11. to 16. below concern document(s) or information included:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. <input type="checkbox"/> An Assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. <input type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. <input type="checkbox"/> A substitute specification. <input type="checkbox"/> A change of power of attorney and/or address letter. <input type="checkbox"/> A computer-readable sequence form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). <input checked="" type="checkbox"/> Other items or information: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Courtesy copy of the first page of the International Publication (WO 2005/011780 A2). <input checked="" type="checkbox"/> Courtesy copy of the International Preliminary Report on Patentability with annexes containing pages <u>1, 2, 2a, 2b, and 2c</u> to be substituted for original specification pages <u>1-2</u> and claims <u>1-31</u> to be substituted for original claims <u>1-35</u> for examination in this case. <input checked="" type="checkbox"/> Formal drawings, 57 sheets, Figures 1-53. <input checked="" type="checkbox"/> The application is (or will be) assigned to: SCHERING AKTIENGESELLSCHAFT whose address is Müllerstraße 178, 13342 Berlin, Germany. 		

U.S. APPLICATION NO. (If known, see 37 CFR 1.5)		International Application No.		Attorney's Docket No.																																																																																																																																							
10/566658		PAT/DE2004/001649		WEBER6																																																																																																																																							
21. The following fees are submitted:				CALCULATIONS PTO USE ONLY																																																																																																																																							
<div>[xx] a) BASIC NATIONAL FEE (37 CFR 1.492(a)).....\$300.00</div> <div>[xx] b) SEARCH FEE (37 CFR 1.492(b))</div> <div>[] US was International Searching Authority.....\$100.00</div> <div>[xx] Other ISR provided to USPTO.....\$400.00</div> <div>[] All other situations.....\$500.00</div> <div>[xx] c) EXAMINATION FEE (37 CFR 1.492 (c))</div> <div>[] IPEA/US gave wholly favorable IPER.....\$100.00</div> <div>[xx] All other situations.....\$200.00</div> <div>TOTAL OF ABOVE CALCULATIONS :</div> <div>Surcharge of \$130.00 for furnishing the oath or declaration later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(h)).</div> <div><table><tr><td>TOTAL SHEETS</td><td>EXTRA SHEETS</td><td>Number of each additional 50 or fraction thereof (round up to a whole number)</td><td>RATE (1.492(g))</td></tr><tr><td>- 100</td><td>/50</td><td></td><td>X \$250.00</td></tr></table></div> <div><table><tr><td>CLAIMS</td><td>Number Filed</td><td>Number Extra</td><td>Rate (1.492 (d-f))</td></tr><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>X \$ 50.00</td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>X \$200.00</td></tr><tr><td>Multiple Dependent Claims (if applicable)</td><td></td><td></td><td>+ \$360.00</td></tr></table></div> <div>TOTAL OF ABOVE CALCULATIONS = \$900.00</div> <div>Reduction of 1/2 for filing by small entity, if applicable. Applicant claims small entity status. See 37 CFR 1.27.</div> <div>SUBTOTAL = \$900.00</div> <div>Processing fee of \$130.00 for furnishing the English translation later than [] 20 [] 30 months from the earliest claimed priority date (37 CFR 1.492(i)).</div> <div>TOTAL NATIONAL FEE = \$900.00</div> <div>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</div> <div>TOTAL FEES ENCLOSED = \$900.00</div> <div><table><tr><td>Amount to be: refunded</td><td>\$</td></tr><tr><td>charged</td><td>\$</td></tr></table></div> <tr><td colspan="6">Payment Method (check one only)</td></tr> <tr><td colspan="6">a. [] A check in the amount of \$_____ to cover the above fees is enclosed.</td></tr> <tr><td colspan="6">b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$ 900.00, is attached.</td></tr> <tr><td colspan="6">c. [] Please charge my Deposit Account No. 02-4035 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.</td></tr> <tr><td colspan="6">Handling of Fee Deficiencies (check one only)</td></tr> <tr><td colspan="6">[] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.</td></tr> <tr><td colspan="6">[X] If a deficiency exists in the basic national fee set by 37 CFR 1.492(a), please charge it to Deposit Account 02-4035. At this time, no authorization is given to charge any other fees.</td></tr> <tr><td colspan="6">NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</td></tr> <tr><td colspan="6">Direct all correspondence to the address associated with CUSTOMER NUMBER 001444, which is currently:</td></tr> <tr><td colspan="6">BROWDY AND NEIMARK, P.L.L.C.</td></tr> <tr><td colspan="6">624 NINTH STREET, N.W., SUITE 300</td></tr> <tr><td colspan="6">WASHINGTON, D.C. 20001</td></tr> <tr><td colspan="6">TEL: (202) 628-5197</td></tr> <tr><td colspan="6">FAX: (202) 737-3528</td></tr> <tr><td colspan="6">Date of this submission: February 1, 2006</td></tr> <tr><td colspan="4"></td><td colspan="2"><div>Jay M. Finkelstein</div><div>SIGNATURE</div><div>Jay M. Finkelstein</div><div>NAME</div><div>21,082</div><div>REGISTRATION NUMBER</div></td></tr> <tr><td colspan="6">JMF:lmh</td></tr> <tr><td colspan="6">BROWDY AND NEIMARK Form BN-1390 (REVISED 2/03/05) Page 2 of 2</td></tr>				TOTAL SHEETS	EXTRA SHEETS	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE (1.492(g))	- 100	/50		X \$250.00	CLAIMS	Number Filed	Number Extra	Rate (1.492 (d-f))	Total Claims	- 20 =		X \$ 50.00	Independent Claims	- 3 =		X \$200.00	Multiple Dependent Claims (if applicable)			+ \$360.00	Amount to be: refunded	\$	charged	\$	Payment Method (check one only)						a. [] A check in the amount of \$_____ to cover the above fees is enclosed.						b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$ 900.00, is attached.						c. [] Please charge my Deposit Account No. 02-4035 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.						Handling of Fee Deficiencies (check one only)						[] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.						[X] If a deficiency exists in the basic national fee set by 37 CFR 1.492(a), please charge it to Deposit Account 02-4035. At this time, no authorization is given to charge any other fees.						NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.						Direct all correspondence to the address associated with CUSTOMER NUMBER 001444, which is currently:						BROWDY AND NEIMARK, P.L.L.C.						624 NINTH STREET, N.W., SUITE 300						WASHINGTON, D.C. 20001						TEL: (202) 628-5197						FAX: (202) 737-3528						Date of this submission: February 1, 2006										<div>Jay M. Finkelstein</div> <div>SIGNATURE</div> <div>Jay M. Finkelstein</div> <div>NAME</div> <div>21,082</div> <div>REGISTRATION NUMBER</div>		JMF:lmh						BROWDY AND NEIMARK Form BN-1390 (REVISED 2/03/05) Page 2 of 2					
TOTAL SHEETS	EXTRA SHEETS	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE (1.492(g))																																																																																																																																								
- 100	/50		X \$250.00																																																																																																																																								
CLAIMS	Number Filed	Number Extra	Rate (1.492 (d-f))																																																																																																																																								
Total Claims	- 20 =		X \$ 50.00																																																																																																																																								
Independent Claims	- 3 =		X \$200.00																																																																																																																																								
Multiple Dependent Claims (if applicable)			+ \$360.00																																																																																																																																								
Amount to be: refunded	\$																																																																																																																																										
charged	\$																																																																																																																																										
Payment Method (check one only)																																																																																																																																											
a. [] A check in the amount of \$_____ to cover the above fees is enclosed.																																																																																																																																											
b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$ 900.00, is attached.																																																																																																																																											
c. [] Please charge my Deposit Account No. 02-4035 in the amount of \$_____ to cover the above fees. A duplicate copy of this sheet is enclosed.																																																																																																																																											
Handling of Fee Deficiencies (check one only)																																																																																																																																											
[] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.																																																																																																																																											
[X] If a deficiency exists in the basic national fee set by 37 CFR 1.492(a), please charge it to Deposit Account 02-4035. At this time, no authorization is given to charge any other fees.																																																																																																																																											
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.																																																																																																																																											
Direct all correspondence to the address associated with CUSTOMER NUMBER 001444, which is currently:																																																																																																																																											
BROWDY AND NEIMARK, P.L.L.C.																																																																																																																																											
624 NINTH STREET, N.W., SUITE 300																																																																																																																																											
WASHINGTON, D.C. 20001																																																																																																																																											
TEL: (202) 628-5197																																																																																																																																											
FAX: (202) 737-3528																																																																																																																																											
Date of this submission: February 1, 2006																																																																																																																																											
				<div>Jay M. Finkelstein</div> <div>SIGNATURE</div> <div>Jay M. Finkelstein</div> <div>NAME</div> <div>21,082</div> <div>REGISTRATION NUMBER</div>																																																																																																																																							
JMF:lmh																																																																																																																																											
BROWDY AND NEIMARK Form BN-1390 (REVISED 2/03/05) Page 2 of 2																																																																																																																																											